I hereby certify that, on the date indicated above I deposited this paper or fee with the U.S. Postal Service and that it was addressed for delivery to the Commissioner of Patents & Trademarks, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450 by "Expres Mail Post Office to Addressee" service:

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Customer No.: 33766

Attorney's Docket No.: CFC 0001

Cheryl F. Cohen, LLC 2409 Church Road Cherry Hill, NJ 08002 (856) 414-1055

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor: Cheryl F. Cohen

Title: Theft Deterrent Backpack

including the items indicated:

- Specification and 24 claims (3 independent and 21 dependent): including 8 pages 1. of written description; 4 pages of claims; and 1 page abstract.
  - 2. Drawings (4 sheets, Figures 1-7).
  - 3. Executed Declaration and Power of Attorney (2 Pages).
  - 4. Information Disclosure Statement (PTO Form 1449 identifying 2 references).

5. Payment in amount of \$421.00 (filing fee, small entity) in the form of a check. (See attached Fee Computation Sheet).

Respectfully submitted,

Date: 3/32/04

Cheryl F. Cohen Reg. No. 40,361

Attorney for Applicant

Cheryl F. Cohen, LLC 2409 Church Road Cherry Hill, NJ 08002

Telephone: (856)414-1055 Facsimile: (856) 414-1058

Docket No.: CFC 0001

## **Patent Fee Computation Sheet**

	No. of claims Presented	Extra Claims Previously Paid		No. of Extra Claims				
Basic Fee	•••••	••••••	•••••	••••••	•••••	\$770.00		
Total Claims	24 – 20	=	:	4	x \$18.00	72.00		
Independent Claims	3 – 3	=	:	0	x \$86.00			
Multiple Dependent Claims		=	:	0	x \$290.00			
		ţ <sup>*</sup>						
Surcharge for late sul	omission of fili	ng fee and/or decl	aratio	on (\$130.00)	•••••			
Subtotal	••••••	•••••	••••	•••••		\$842.00		
Small Entity Reduction (Half of subtotal)								
Fee for recordation of assignment (\$40.00)								
Charge for filing non-English language application (\$130.00)								
Total	•••••	• • • • • • • • • • • • • • • • • • • •		•••••	• • • • • • • • • • • • • • • • • • • •	\$421.00		

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Cheryl F. Cohen

Name (Print)

Signature

- 1. Specification, claims and abstract (13 Pages);
- 2. Drawings (4 Pages, Figures 1-7);
- 3. Executed Declaration and Power of Attorney (2 Pages);
- 4. Application Transmittal Form and Fee Calculation Sheet (3 Pages);
- 5. Information Disclosure Statement {PTO Form 1449 identifying 2 references};
- 6. Return Receipt Postcard; and
- 7. Check (\$421.00).